

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

July 20, 2011

J. Churchill Hindes, Administrator
Visiting Nurse Association
1110 Prim Road
Colchester, VT 05446

Provider ID #:477000

Dear Mr. Hindes:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **June 15, 2011**.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

Enclosure

PC:ne



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

RECEIVED
Division of

PRINTED: 06/23/2011
FORM APPROVED
OMB NO. 0938-0391

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|--|--|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 477000 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | JUL - 5 11 Licensing and Protection | (X3) DATE SURVEY COMPLETED C 06/15/2011 |
| NAME OF PROVIDER OR SUPPLIER VISITING NURSE ASSOCIATION | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1110 PRIM ROAD COLCHESTER, VT 05446 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| G 000 | INITIAL COMMENTS | G 000 | | | |
| G 173 | <p>An unannounced on-site complaint investigation was conducted on 06/13/11 - 06/15/11 by the Division of Licensing and Protection. The following are Federal regulatory findings.</p> <p>484.30(a) DUTIES OF THE REGISTERED NURSE</p> <p>The registered nurse initiates the plan of care and necessary revisions.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview the registered nurse failed to make necessary revisions to the plan of care for client # 1. Findings include:</p> <p>1. Per record review on 06/14/11 at at 9:55 AM of Client #1's self directed care plan dated 02/26/10, the care plan noted 1 person for mobility/transfer only. Per interview on 06/14/11 at 10:00 AM a CNA [certified care attendant] stated that client #1 "always has 2 people in the room whether for personal care or housekeeping". In addition, the 'white board', which further directs staff providing care, had no information informing that 2 people are required at all time in for this client. Per interview on 06/14/11 at 10:45 AM the Site Manager stated that "I'm pretty sure the care plan was changed sometime ago" and that the nurse is responsible for changes. However, S/he confirmed that the care plan in the chart was not revised to reflect that 2 staff members are needed at all times when in the client's room.</p> | G 173 | <p>1. The process of updating care plans will be reviewed and improved to ensure that the current care plans are always in the client's chart and critical information noted on the staff communication board. Person responsible: Lynne Robertson, Clinical Director of Long-Term Care</p> <p>2. Nursing supervisors will be informed of these changes in the care planning process. Lynne Robertson, Clinical Director of Long-Term Care</p> <p>3. An audit system will be developed to assure ongoing compliance. Person responsible: Barb Olio, Site Manager, Anderson Parkway</p> <p><i>For an, 7.14.11</i> <i>S. Emma / SA</i></p> | 7-29-11 | |
| G 221 | 484.36(b)(5) COMPETENCY EVALUATION & IN-SERVICE TRA | G 221 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Patricia Thoresen

7-1-11

W. J. Clinical Services

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| G 221 | Continued From page 1 The HHA must maintain documentation which demonstrates that the requirements of this standard are met. This STANDARD is not met as evidenced by: Per interview and record review the HHA failed to maintain documentation which demonstrates that the LNA was competent in required skills needed for Client #3's care. Findings include: Per review of a personnel file for the LNA providing services to client #3, that include but were not limited to, gastric tube feedings, medication administration, suctioning, personal care and transferring, there was no documentation that a yearly evaluation/competency was completed. A skills check sheet was last completed in 2008. Per interview on 06/14/11 at 2:15 PM the Clinical Director of Hi-Tech and the Human Resource Director confirmed there was no documentation regarding demonstration of competency skills. | G 221 | 1. Identify all clients that have the potential to be affected. Nancy Lanza, Pedi High Tech Program Manager. 2. Complete a review of the above clients. Person responsible: Nancy Lanza, Pedi High Tech Manager 3. Put measures in place to assure that the deficient practice does not recur by creating a systematic process for yearly evaluation / competency of skills. Person responsible: Nancy Lanza, Pedi High Tech Manager 4. Establish an audit system to verify the regulation is being met. Person responsible: Michael Garrett, Manager Quality & Education <i>POC completed 7.14.11 Ss Wto 15</i> | 7-29-11 7-29-11 7-29-11 7-29-11 | |
| G 229 | 484.36(d)(2) SUPERVISION The registered nurse (or another professional described in paragraph (d)(1) of this section) must make an on-site visit to the patient's home no less frequently than every 2 weeks. This STANDARD is not met as evidenced by: Based on record review and interview the agency failed to assure R.N. supervisory visits occurred every 2 weeks for one applicable client receiving skilled services. (Client # 3) Findings include: | G 229 | 1. Identify all clients that have the potential to be affected. Person responsible : Nancy Lanza, Pedi High Tech Manager. 2. Complete a review of the above clients. Nancy Lanza, Pedi High Tech Manager 3. Put measures in place to assure that the on-site supervisory visits are made to client's home no less frequently than every two weeks and documented the appropriately. Person responsible: Nancy Lanza, Pedi High Tech Manager | 7-1-11 7-15-11 7-29-11 | |

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FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 00GM11

Facility ID: Y7477000

If continuation sheet Page 3 of 4

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| G 236 | Continued From page 3 include: 1. Per record review on 06/14/11, Client #1's narcotic tracking sheet had inconsistent documentation regarding Oxycontin (pain medication). Although the client is self-directed for medication administration, staff must pour the narcotic for the client. Per the Agency's policy for narcotics and Other Controlled Medications {#10.2.3} "staff will institute a routine narcotics count". The narcotic tracking sheet's information contained the name of the drug, the number of tablets taken, the number remaining, what was received from the pharmacy, any tablets taken from a reserve bottle and the signature of staff. Per review of the Narcotic Tracking Sheet from 12/16/10 through 12/29/10 staff failed to document the number of tablets remaining and when additional narcotics were received from the pharmacy. Per interview on 06/14/11 at 10:45 the Site Manager stated that the expectation would be to fill out the narcotic sheet completely and confirmed that staff failed to consistently and accurately document the number of tablets that remained and what was received from the pharmacy. | G 236 | | | |



VISITING NURSE ASSOCIATION
OF CHITTENDEN AND GRAND ISLE COUNTIES

RECEIVED
Division of

JUL 15 2011

Licensing and
Protection

July 1, 2011

Suzanne Leavitt, RN, MS
Licensing Chief
Division of Licensing and Protection
Department of Disabilities, Aging and Independent Living
Agency of Human Services
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306

Dear Ms. Leavitt,

Attached are our plans of correction for the Licensing and Protection survey of Federal Participation Requirements for Home Health and Hospice Agencies on June 15, 2011. If you have any questions or concerns, please give me a call at (802) 860-4433. Thank you.

Sincerely,

Patricia F. Donehower, MSN, RN
Vice President, Clinical Services

*Home Care for Adults
and Children*

Long-Term Care

End-of-Life Care

*Family and Children's
Services*

Adult Day Program

Wellness Services

Private Care

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Colchester, VT
05446

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